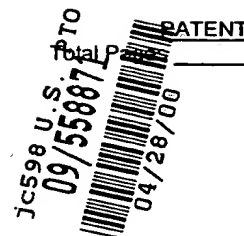
04/28/00
DOCKET NO.: P- 8873IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTALFIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: JOHN F. NORRIS ET AL.
TITLE: IMPLANTABLE MEDICAL DEVICE AND METHOD USING INTEGRATED T-WAVE ALTERNANS ANALYZERAssistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**☒ **Specification:**Total pages: 38 (including claims and abstract): Spec. 28 sheets; Claims 9 sheets; Abstract - 1 sheet.☒ **Drawings:**Total sheets: 9☐ formal ☒ informal☒ **Combined Declaration and Power of Attorney:**☒ unsigned☐ copy from prior application☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*☒ **Accompanying application parts:**☐ Notification of filing a☐ Assignment of the Invention to Medtronic, Inc.☐ Assignment cover sheet of prior application☐ Information Disclosure Statement☐ PTO Form 1449☐ Copies of IDS citations☐ Preliminary Amendment☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.☒ Return Postcard**IF A CONTINUING APPLICATION:**☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____☐ Amend the specification by inserting before the first line the sentence: This application is a ☒ continuation
☐ division ☐ continuation in part of application number _____, filed _____.☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)☐ The prior application is assigned of record to Medtronic, Inc.☐ The Power of Attorney in the prior application is to: Medtronic, Inc.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

☒ Address all future correspondence to: Thomas F. Woods, Reg. No 36,726
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
Telephone: (612)514-3652

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	58	20 =	38	x 18	\$ 684
Independent Claims	04	03 =	01	x 78	\$ 78
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$ 690
				TOTAL	\$ 1452

☒ Charge Deposit Account No. 13-2546 the sum of **\$ 1,452.00** (Filing Fee) for a total of **\$ 1,452.00**.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

46-26-00
Date


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